DETAILED ACTION

Notice to the applicant

1.   This communication is in response to the amendment filed 9/26/08. Claims 53-124 are pending.

Claim Rejections - 35 USC § 101

2.   35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

3.   Claims 101-124 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter.

Regarding claims 101-124, for an invention to be statutory, the claimed invention must produce a useful, concrete, and tangible result. In the present case, claim 101 recites "A computer readable medium comprising computer- readable code for providing a user with a customized healthcare services insurance package, comprising code for:...." in the preamble.   Data structures not embodied or encoded on computer readable media are considered descriptive material. They are therefore considered non-statutory because they are not capable of causing a functional change in a computer.   As drafted, the claim fails to define any structural and functional interrelationships between the computer program and other elements of a computer that permit the computer program's function to be realized. In particular, the current claim

language describes the computer readable medium as comprising the code. (See
MPEP § 2106.01 for further guidance).

A similar analysis may be applied to claims 102-124 which have similar
language, and are also rejected.

The examiner suggests:

A computer-readable medium encoded with computer-readable code for
providing a user with a customized healthcare services insurance package, said code,
when executed, causing a processor to:

NOTE: The art rejection of claims 101-124 is provided hereinbelow for the Applicant's
consideration on the condition that the Applicant properly define the structural and
functional interrelationships between the computer program and other elements of the
computer as discussed above in the rejection under 35 U.S.C. 101.

Allowable Subject Matter

4.   Claims 70-73, 94-97 and 118-121 are objected to as being dependent upon a
rejected base claim, but would be allowable if rewritten in independent form including all
of the limitations of the base claim and any intervening claims.

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all
obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

6.   Claims 53-67, 74-91,98-115 and 122-124 are rejected under 35 U.S.C. 103(a) as being unpatentable over Tawil (US Patent No. 5,519,607) in view of Campbell et al (USPN 6,208,974—referred to hereinafter as Campbell).

[claim 53]   Tawil teaches a method for providing a user with a customized healthcare services insurance package, comprising:

- receiving personal information data, wherein personal data comprises a user identifier and a financial parameter; (col. 2, lines 53-56; col. 3, lines 55-59)

- transmitting a list comprising a plurality of healthcare service providers to the user; (col. 2, lines 53-59, col. 4, lines 55-58)

- receiving a selection of a healthcare services panel from the user comprising at least one of the healthcare service providers; (col. 4, lines 55-67; col. 5, lines 16-22)

        Tawil teaches a method wherein personal data about a patient (a user of the disclosed system) is entered into the disclosed system. (col. 3, lines 55-59) Data includes patient name and social security number (personal identifiers). Furthermore, the system stores data on the amount of benefits or a fixed amount the patient can/will spend on healthcare (i.e. financial parameter). (col. 2, lines 53-56) The disclosed system provides the user with a list of healthcare providers (col. 2, lines 57-59, col. 4,

lines 55-58). The patient (user of the disclosed system) selects a healthcare provider

(i.e. panel) to provide a prescribed treatment plan (i.e. healthcare services package).

Tawil teaches a method including determining a healthcare services package

(see Tawil col. 4, lines 55-64; col. 5, lines 16-22), but does not expressly teach using a

computer system to determine the healthcare services package based upon a financial

parameter and forwarding a description of the package that includes a proposed

periodic payment for purchasing the healthcare insurance package.

Campbell teaches a method of further comprising the steps of:

- using a computer to system determining a healthcare services package based on

  the user's selection and a financial parameter (col. 21,lines 22-29; col. 24, lines

  1-55; col. 27, lines 1-49: A computer system is used to enter the client's (i.e.

  users) selection of a wellness plan (i.e. healthcare services package), to inform

  the client of the services covered under a particular wellness plan and to inform

  the client/user of the estimated cost savings under a particular wellness plan.

  The determined wellness plan (i.e. health care services package) is based on the

  user/client's selections and the estimated costs/cost savings for services under

  the plan (i.e. a financial parameter)).

- forwarding a description of the determined healthcare services package to the

  user, said description including a proposed periodic payment for purchasing said

  determined healthcare services package.   (Figures 15, 19 and 20; col. 24,lines

  24-67; col. 27, line 23-50 —The system generates a list of the services included

in the client's (i.e. user) wellness plans and a corresponding invoice, and also

allows the client to select a propose payment schedule for purchasing the

selected services (i.e. full payment or installments).

At the time of the Applicant's invention, it would have been obvious to one of

ordinary skill in the art to modify the method of Tawil with the teaching of Campbell to

use a computer to facilitate the plan selection process and to transmit plan service and

payment information to the user. As suggested by Campbell, one would have been

motivated to do this to provide patients with an interactive, effective method of obtaining

affordable healthcare treatment, thereby encouraging them to seek appropriate

treatment and resolve health problems early. (col. 1, lines 11-65)

[claim 54] Tawil teaches the method wherein the user is an individual for whom the

insurance is to be provided. (col. 2, line 30-44; col. 4, lines 55-67)

[claim 55] Tawil discloses a method wherein the personal information data further

comprises a sponsor identifier. (Tawil, col. 2, lines 30- col. 3, line 8).

[claim 56-57] Tawil teaches the method of claims 54-55 as explained in the rejections

of claims 54-55. The Tawil reference is does not specifically teach the sponsor identifier

includes an employer of the user/patient and that the financial parameter includes the

amount of healthcare benefits available from the employer.   However, as defined by

Tawil, the "insurer" in as an entity that insures several parties a processes the claims for these parties.

However, these differences are only found in nonfunctional description material and are not functionally involved in the steps recited. The steps recited in claim 53(the base claim) would be performed the same regardless of the data contents of the sponsor identifier data (i.e. the data recited in claims 53 and 54). Thus, this descriptive material will not distinguish the claimed invention from the prior art in terms of patentability. See *In re Gluck,* 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir. 1983); *In re Lowry,* 32F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

[claim 58] Tawil discloses a method wherein the sponsor identifier includes a healthcare administration company associated with the user. (Tawil, col. 2, lines 30- col. 3, line 8).

[claim 59]   Tawil discloses a method wherein the financial parameter comprises an amount of healthcare benefits available from the healthcare administration company associated with the user, (Tawil, col. 2, lines 55-59; col. 3, lines 4-8—fixed benefit amount).

[claim 60] Tawil discloses a method wherein the sponsor identifier identifies the user. (Tawil, col. 2, lines 30- col. 3, line 8; col. 3, lines 50-65).

[claim 61]   Tawil discloses a method wherein the financial parameter comprises an amount of healthcare costs identified by the user, (Tawil, col. 8, lines 24-26) (payment/cost).

[claim 62]   Tawil teaches a method wherein the personal data comprises a financial

parameter. (col. 2, lines 53-56) Furthermore, Tawil teaches a method wherein the user

(i.e. insured and/or insured patient) is seeking price estimates for the cost of healthcare

services. (col. 3, lines 57-63) One of the primary purposes of the system and method

taught by Tawil is to provide the user with a list of estimated costs of healthcare using

specific providers. (col. 4, 55-64)

[claims 63-64] Tawil teaches a method further comprising using a computer system to

receive the selection of an anchor provider by a user and wherein a list of providers is

provided to the system user (i.e. insured and/or insured patient) based on a selected

anchor provider. (col. 3, lines 50-65) A patient (a user of the disclosed system) visits a

selected primary physician (i.e. anchor provider) who gives them an initial diagnosis

and/or treatment plan. Information regarding the primary physician (his/her

identification) and the suggested user's treatment plan are entered into the system. (col.

3, lines 55-64) Thus, system receives a selection by the user (insured and/or insured

patient) of an anchor provider. Based on the treatment plan developed by the primary

physician (anchor provider), a list of healthcare providers is generated who can perform

the procedures in the treatment plan. (col. 4, lines 21-32) This list is given to the patient

(i.e. user) for his/her review. (col. 4, lines 55-58). Furthermore, the treatment plan

developed by the anchor provider with suggested procedures and CPT codes is used to

generate the provider list. These procedures/diagnoses serve as a predefined criteria

associated anchor provider upon which the generated provider list is based.

[claim 65] Tawil teaches the method of providing a healthcare services package further

comprising using said computer system to receive a selection of a predefined criteria

from the user. (col. 2, lines 53-59; col. 3, lines 3-8; col. 3, lines 23-44; col. 4, lines 21-

32) Tawil discloses that teaches that the system database(s) stores information

regarding prices, geographic proximity (location), rankings/ratings, hospital affiliation,

and provider experience (i.e. time). (col. 2, lines 53-59; col. 3, lines 3-8).

[claim 66-67] Tawil discloses a method further comprising the step of receiving a

selection of a predefined criteria from the user wherein the list is provided to the user

based on the predefined criteria, (Tawil, col. 2, lines 53-59; col. 3, lines 3-8; col. 4, lines

28-32). Tawil teaches that the information on the database (i.e. the provider list) may be

accessed based on the providers' geographic proximity (location/distance) to the user

(i.e. insured/ or insured patient) and based upon the CPT and DRG codes entered for

the user's treatment plan (i.e. predefined criteria)

[claim 74] Tawil discloses a method wherein the financial parameter comprises a co-

payment amount for each selected provider (Tawil, col. 8, lines 24-26)(disclosing

payment which is a financial parameter that includes cost).

[claim 75]   Tawil and Campbell disclose the method of claim 53, as explained in the

rejection of claim 53. Furthermore, Campbell discloses a method wherein forwarding

comprises forwarding information to the user (col. 24,lines 24-67; col. 27, line 23-50). At

the time of the Applicant's invention, it would have been obvious to one of ordinary skill

in the art to modify the method of Tawil with the teaching of Campbell to use a computer

to facilitate the plan selection process and to transmit plan service information to the

user. As suggested by Campbell, one would have been motivated to do this to provide

patients with an interactive, effective method of obtaining affordable healthcare

treatment, thereby encouraging them to seek appropriate treatment and resolve health

problems early. (col. 1, lines 11-65)

[claim 76]   Tawil and Campbell in combination disclose the method of claim 53, as

explained in the rejection of claim 53.   Furthermore, Tawil discloses teaches a method

for providing a user with a healthcare service package, comprising receiving personal

information data, wherein personal data comprises a user identifier and a financial

parameter; (col. 2, lines 53-56; col. 3, lines 55-59). Tawil further discloses receiving co-

payment information regarding a healthcare provider (col. 8, lines 12-23) Tawil teaches

a method including determining a healthcare services package (see Tawil col. 4, lines

55-64; col. 5, lines 16-22), but does not expressly teach receiving a selection from said

user of a co-payment for each of healthcare service providers, wherein said healthcare

services insurance package and said proposed periodic is determined based upon the

selected co-payment.

        Campbell discloses a method wherein co-payment information for a healthcare

provider is used to help the user select/determine the insurance package and proposed

periodic payment. (col. 23, lines 43-col. 25, line 24; Figures 17-19--different plans offer

different discounts/copays for the services)   At the time of the Applicant's invention, it

would have been obvious to one of ordinary skill in the art to modify the method of Tawil

with the teaching of Campbell to use co-payment information to help the user

select/determine the insurance package and proposed periodic payment. As suggested

by Campbell, one would have been motivated to do this to provide patients with an

interactive, effective method of obtaining affordable healthcare treatment, thereby

encouraging them to seek appropriate treatment and resolve health problems early.

(col. 1, lines 11-65)

[claim 77]   Tawil discloses a computerized system for providing a user with a

customized healthcare services insurance package, comprising: a memory device;

(Figure) and a processor disposed in communication with said memory device, (Figure

1; col. 2, line 45-col. 3, line 43; col. 4, lines 35-41).

        The limitations of claim 77 are addressed by rejection of claim 53, and

incorporated herein. Claim 77 recites a processor configured to perform the series of

steps recited in claim 53.   As the method of claim 53 has been shown to be computer-

implemented and obvious over the teachings of the Tawil reference in view of Campbell

in the rejection of claim 53 in present Office Action, it is readily apparent that the method

disclosed by Tawil and Campbell in combination is performed by a system configured to

perform the functions recited in the method claim.

[claim 78] Tawil teaches the system wherein the user is an individual for whom the
insurance is to be provided. (col. 2, line 30-44; col. 4, lines 55-67)

[claim 79] Tawil discloses a system wherein the personal information data further
comprises a sponsor identifier. (Tawil, col. 2, lines 30- col. 3, line 8).

[claim 80-81] Tawil teaches the system of claims 78-79 as explained in the rejections of
claims 78-79. The Tawil reference is does not specifically teach the sponsor identifier
includes an employer of the user/patient and that the financial parameter includes the
amount of healthcare benefits available from the employer.   However, as defined by
Tawil, the "insurer" in as an entity that insures several parties a processes the claims for
these parties.

     However, these differences are only found in nonfunctional description material
and are not functionally involved in the steps recited. The steps recited in claim 53(the
base claim) would be performed the same regardless of the data contents of the
sponsor identifier data (i.e. the data recited in claims 53 and 54). Thus, this descriptive
material will not distinguish the claimed invention from the prior art in terms of
patentability. See *In re Gulack,* 703 F.2d 1381, 1385, 217 USPQ 401, 404 (Fed. Cir.
1983); *In re Lowry,* 32F.3d 1579, 32 USPQ2d 1031 (Fed. Cir. 1994).

[claim 82] Tawil discloses a system wherein the sponsor identifier includes a healthcare
administration company associated with the user. (Tawil, col. 2, lines 30- col. 3, line 8).

[claim 83]   Tawil discloses a method wherein the financial parameter comprises an
amount of healthcare benefits available from the healthcare administration company
associated with the user, (Tawil, col. 2, lines 55-59; col. 3, lines 4-8—fixed benefit
amount).

[claim 84] Tawil discloses a system wherein the sponsor identifier identifies the user.
(Tawil, col. 2, lines 30- col. 3, line 8; col. 3, lines 50-65).

[claim 85]   Tawil discloses a system wherein the financial parameter comprises an
amount of healthcare costs identified by the user, (Tawil, col. 8, lines 24-26)
(payment/cost).

 [claim 86]   Tawil teaches a system wherein the personal data comprises a financial
parameter. (col. 2, lines 53-56) Furthermore, Tawil teaches a method wherein the user
(i.e. insured and/or insured patient) is seeking price estimates for the cost of healthcare
services. (col. 3, lines 57-63) One of the primary purposes of the system and method
taught by Tawil is to provide the user with a list of estimated costs of healthcare using
specific providers. (col. 4, 55-64)

[claims 87-88] Tawil teaches a system further comprising using a computer system to
receive the selection of an anchor provider by a user and wherein a list of providers is
provided to the system user (i.e. insured and/or insured patient) based on a selected
anchor provider. (col. 3, lines 50-65) A patient (a user of the disclosed system) visits a
selected primary physician (i.e. anchor provider) who gives them an initial diagnosis
and/or treatment plan. Information regarding the primary physician (his/her

identification) and the suggested user's treatment plan are entered into the system. (col. 3, lines 55-64) Thus, system receives a selection by the user (insured and/or insured patient) of an anchor provider. Based on the treatment plan developed by the primary physician (anchor provider), a list of healthcare providers is generated who can perform the procedures in the treatment plan. (col. 4, lines 21-32) This list is given to the patient (i.e. user) for his/her review. (col. 4, lines 55-58). Furthermore, the treatment plan developed by the anchor provider with suggested procedures and CPT codes is used to generate the provider list. These procedures/diagnoses serve as a predefined criteria associated anchor provider upon which the generated provider list is based.

[claim 89] Tawil teaches the system of providing a healthcare services package further comprising using said computer system to receive a selection of a predefined criteria from the user. (col. 2, lines 53-59; col. 3, lines 3-8; col. 3, lines 23-44; col. 4, lines 21-32) Tawil discloses that teaches that the system database(s) stores information regarding prices, geographic proximity (location), rankings/ratings, hospital affiliation, and provider experience (i.e. time). (col. 2, lines 53-59; col. 3, lines 3-8).

[claim 90-91] Tawil discloses a method further comprising the step of receiving a selection of a predefined criteria from the user wherein the list is provided to the user based on the predefined criteria, (Tawil, col. 2, lines 53-59; col. 3, lines 3-8; col. 4, lines 28-32). Tawil teaches that the information on the database (i.e. the provider list) may be accessed based on the providers' geographic proximity (location/distance) to the user

(i.e. insured/ or insured patient) and based upon the CPT and DRG codes entered for

the user's treatment plan (i.e. predefined criteria)

[claim 98] Tawil discloses a system wherein the financial parameter comprises a co-

payment amount for each selected provider (Tawil, col. 8, lines 24-26)(disclosing

payment which is a financial parameter that includes cost).

[claim 99]   Tawil and Campbell disclose the method of claim 77, as explained in the

rejection of claim 77. Furthermore, Campbell discloses a system wherein forwarding

comprises forwarding information to the user (col. 24,lines 24-67; col. 27, line 23-50). At

the time of the Applicant's invention, it would have been obvious to one of ordinary skill

in the art to modify the system of Tawil with the teaching of Campbell to use a computer

to facilitate the plan selection process and to transmit plan service information to the

user. As suggested by Campbell, one would have been motivated to do this to provide

patients with an interactive, effective method of obtaining affordable healthcare

treatment, thereby encouraging them to seek appropriate treatment and resolve health

problems early. (col. 1, lines 11-65)

[claim 100]   Tawil and Campbell in combination disclose the system of claim 77, as

explained in the rejection of claim 77.   Furthermore, Tawil discloses teaches a system

for providing a user with a healthcare service package, comprising receiving personal

information data, wherein personal data comprises a user identifier and a financial

parameter; (col. 2, lines 53-56; col. 3, lines 55-59). Tawil further discloses receiving co-payment information regarding a healthcare provider (col. 8, lines 12-23) Tawil teaches a system including determining a healthcare services package (see Tawil col. 4, lines 55-64; col. 5, lines 16-22), but does not expressly teach receiving a selection from said user of a co-payment for each of healthcare service providers, wherein said healthcare services insurance package and said proposed periodic is determined based upon the selected co-payment.

Campbell discloses a system wherein co-payment information for a healthcare provider is used to help the user select/determine the insurance package and proposed periodic payment. (col. 23, lines 43-col. 25, line 24; Figures 17-19--different plans offer different discounts/copays for the services)   At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Tawil with the teaching of Campbell to use co-payment information to help the user select/determine the insurance package and proposed periodic payment. As suggested by Campbell, one would have been motivated to do this to provide patients with an interactive, effective method of obtaining affordable healthcare treatment, thereby encouraging them to seek appropriate treatment and resolve health problems early. (col. 1, lines 11-65)

[claim 101]   In reference to claim 101, the computer program claim recites substantially the same subject matter of method claim 53 as media comprising program/code to perform the series of steps recited in claim 53. As the method of claim

53 has been shown to be computer-implemented and obvious over the teachings of the

Tawil reference in view of Campbell in the rejection of claim 53 of the present Office

Action, it is readily apparent that the method disclosed by Tawil and Campbell in

combination is performed using computer program means to implement the functions

recited in the method claim (claim 53). As such, these limitations are rejected for the

same reasons given in the rejection of method claim 53, and are incorporated herein.

[claims 102-115 and 122-124]   The limitations of claims 102-115 and 122-124 are

addressed by the rejections of claims 53-67 and 73-76 respectively, and independent

claim 101, and incorporated herein.

7.   Claims 68-69, 92-93, and 116-117 are rejected under 35 U.S.C. 103(a) as being

unpatentable over Tawil and Campbell as applied to claims 53, 77, and 101 in further

view of DeBruin-Ashton (US Patent No. 6,014,629).

[claim 68]   Tawil teaches the method of claim 53 as explained in the rejection of

claim 53. Furthermore, Tawil discloses that the system is for use by the insured party,

including an insured individual as well as any dependents that are covered by the

insured's policy (col. 2, lines 48-50). Tawil also teaches a method wherein the user's

(i.e. insured/insured patient) name is associated with the treatment plan and a provider

list. (col. 2, lines 53-59; col. 3, lines 53-57) Tawil does not specifically teach that the

personal data further comprises identification of a plurality of individuals to be

associated with the healthcare services package. DeBruin-Ashton teaches a method of

identifying a plurality of individuals to be associated a healthcare services package. (col. 7,lines 1-15, col. 8, lines 22-35). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Tawil with the teaching of DeBruin-Ashton. One would have been motivated to include this feature so that users (insured and/or insured patient(s)) could save time and avoid the inconvenience of unnecessary trips to a primary provider to receive additional provider lists.

[claim 69]   Tawil and Campbell disclose the method of claim 53 as explained in the rejection of claim 53. Tawil does not specifically teach a method wherein a healthcare service panel and package for each a plurality of individuals are selected by the user. DeBruin teaches a method wherein a user may select a healthcare services panel of providers and services for a plurality of individuals. (DeBruin: col. 8, lines 22-35). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method of Tawil with the teaching of DeBruin. As indicated by Tawil, the disclosed system/method is for use by insured individuals and their dependents. (col. 2, lines 48-50). One would have been motivated to modify the method of Tawil so that an insured (e.g. parent) also could make selections provider/service for their dependents (e.g. children) that comply with financial constraints and personal preferences.

[claims 92-93]   In reference to claims 92-93, the limitations of these system claims are substantially the same as their corresponding method claims, claims 68 and 69. As

such, the limitations of claims 92-93 are addressed by the rejections of claims 68 and

69, and independent claim 77, and incorporated herein.

[claims 116-117]   In reference to claims 116-117, the limitations of these system

claims are substantially the same as their corresponding method claims, claims 68 and

69. As such, the limitations of claims 116-117 are addressed by the rejections of claims

68 and 69, and independent claim 101, and incorporated herein.

Response to Arguments

8.   Applicant's arguments filed 9/26/08 have been fully considered but they are not

persuasive.

(A)   Applicant argues that the references do not teach an every limitation of the

claims.

        In response to applicant's arguments against the references individually, one

cannot show nonobviousness by attacking references individually where the rejections

are based on combinations of references. See *In re Keller*, 642 F.2d 413, 208

USPQ 871 (CCPA 1981); *In re Merck & Co.*, 800 F.2d 1091, 231 USPQ 375 (Fed. Cir.

1986).

        Furthermore, the test for obviousness is not that the claimed invention must be

expressly suggested in any one or all of the references. Rather, the test is what the

combined teachings of the references would have suggested to those of ordinary skill in

the art. See *In re Keller*, 642 F.2d 413, 208 USPQ 871 (CCPA 1981).

The current claim language merely recites "using a healthcare services insurances package based upon on user's selection...." It does not limit or describe the capacity in which the computer is used. The Campbell reference has been relied upon to disclose this feature and at the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the method and system of Tawil with the teaching of Campbell for the reasons provided in the claim rejections

Conclusion

THIS ACTION IS MADE FINAL. Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RACHEL L. PORTER whose telephone number is (571)272-6775. The examiner can normally be reached on M-F, 9:30-6:00.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, (Christopher) Luke Gilligan can be reached on (571) 272-6770. The fax

phone number for the organization where this application or proceeding is assigned is

571-273-8300.

Information regarding the status of an application may be obtained from the

Patent Application Information Retrieval (PAIR) system. Status information for

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system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. L. P./
Examiner, Art Unit 3626

/C Luke Gilligan/
Supervisory Patent Examiner, Art Unit 3626